

FIG. 1

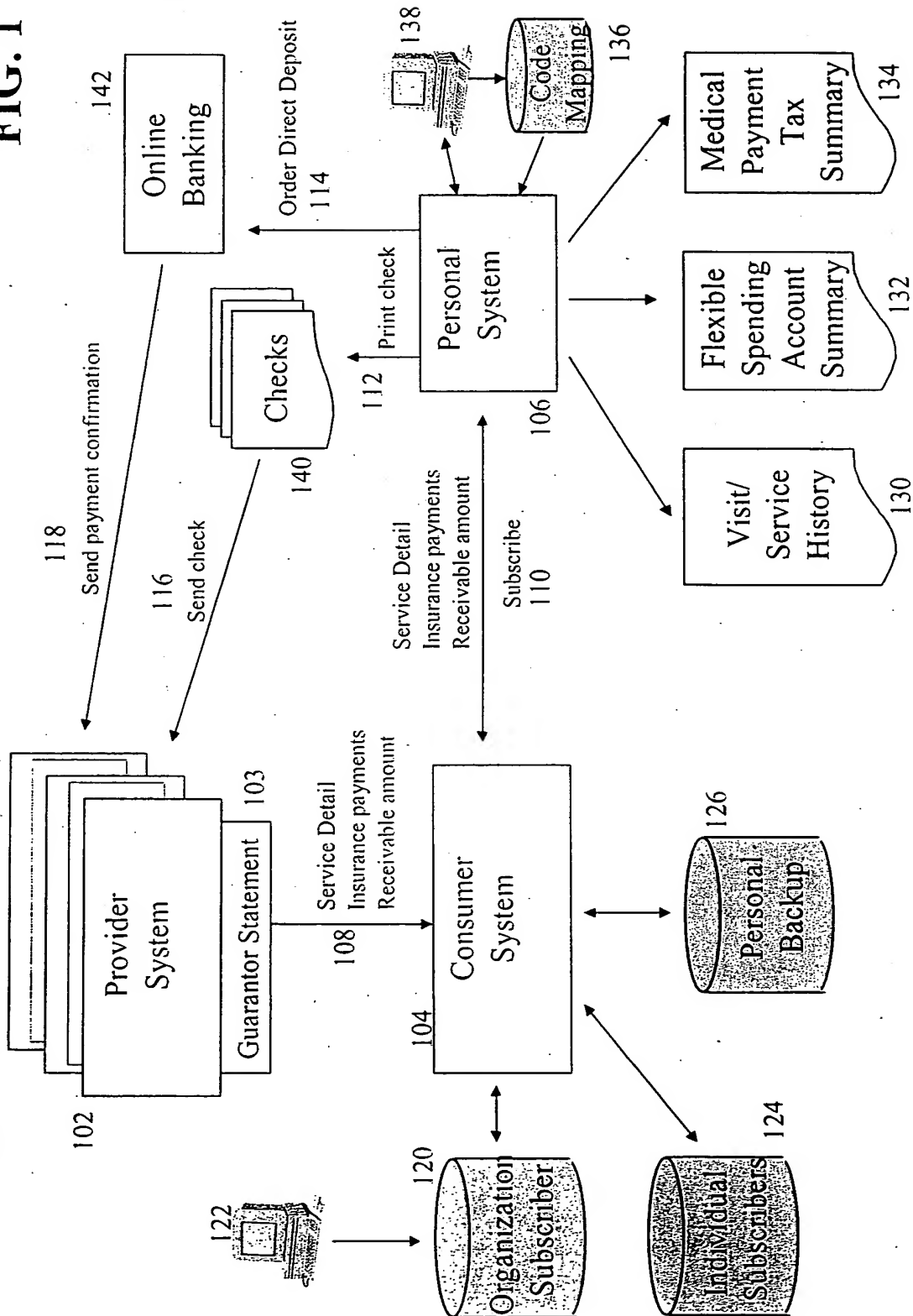
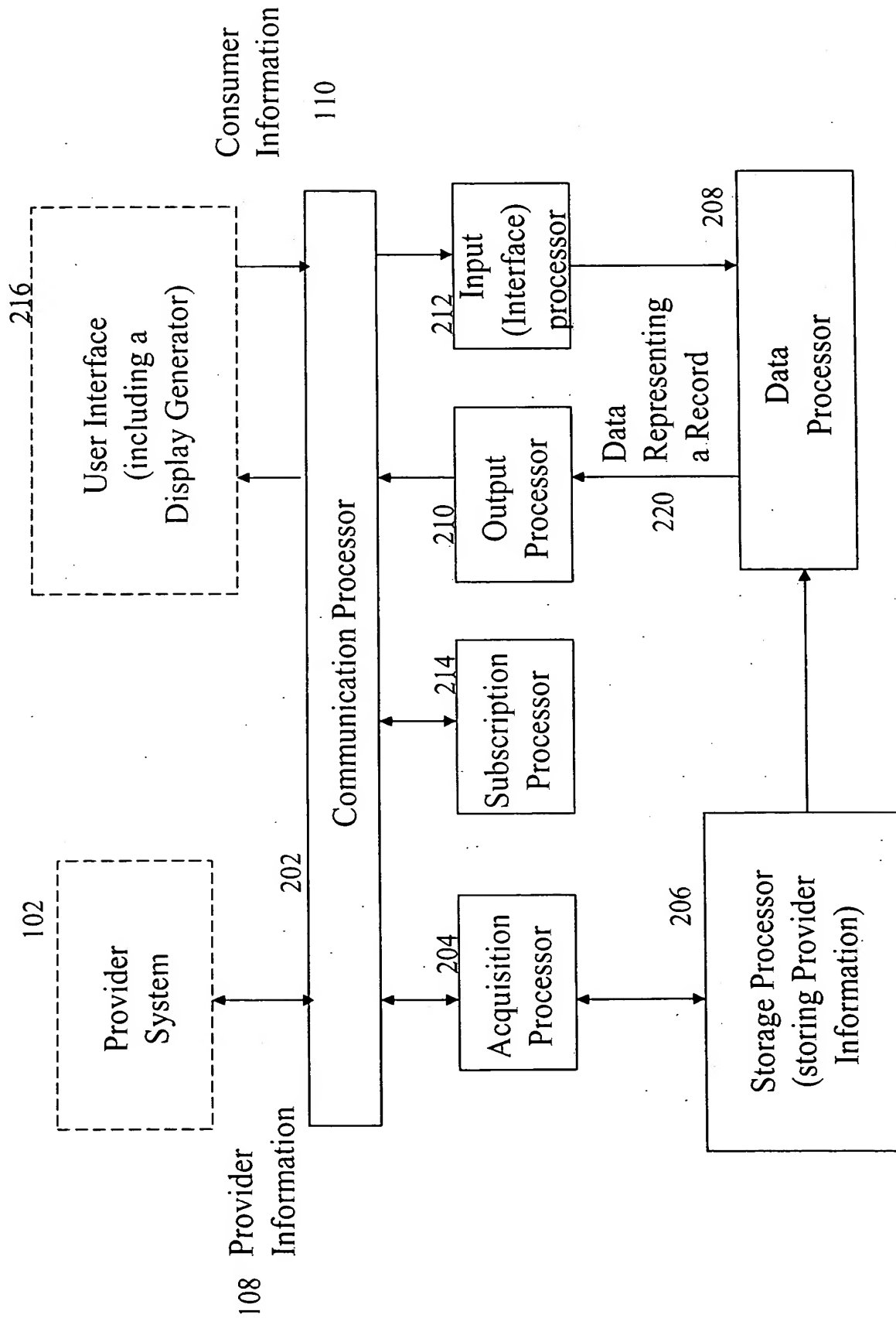


FIG. 2



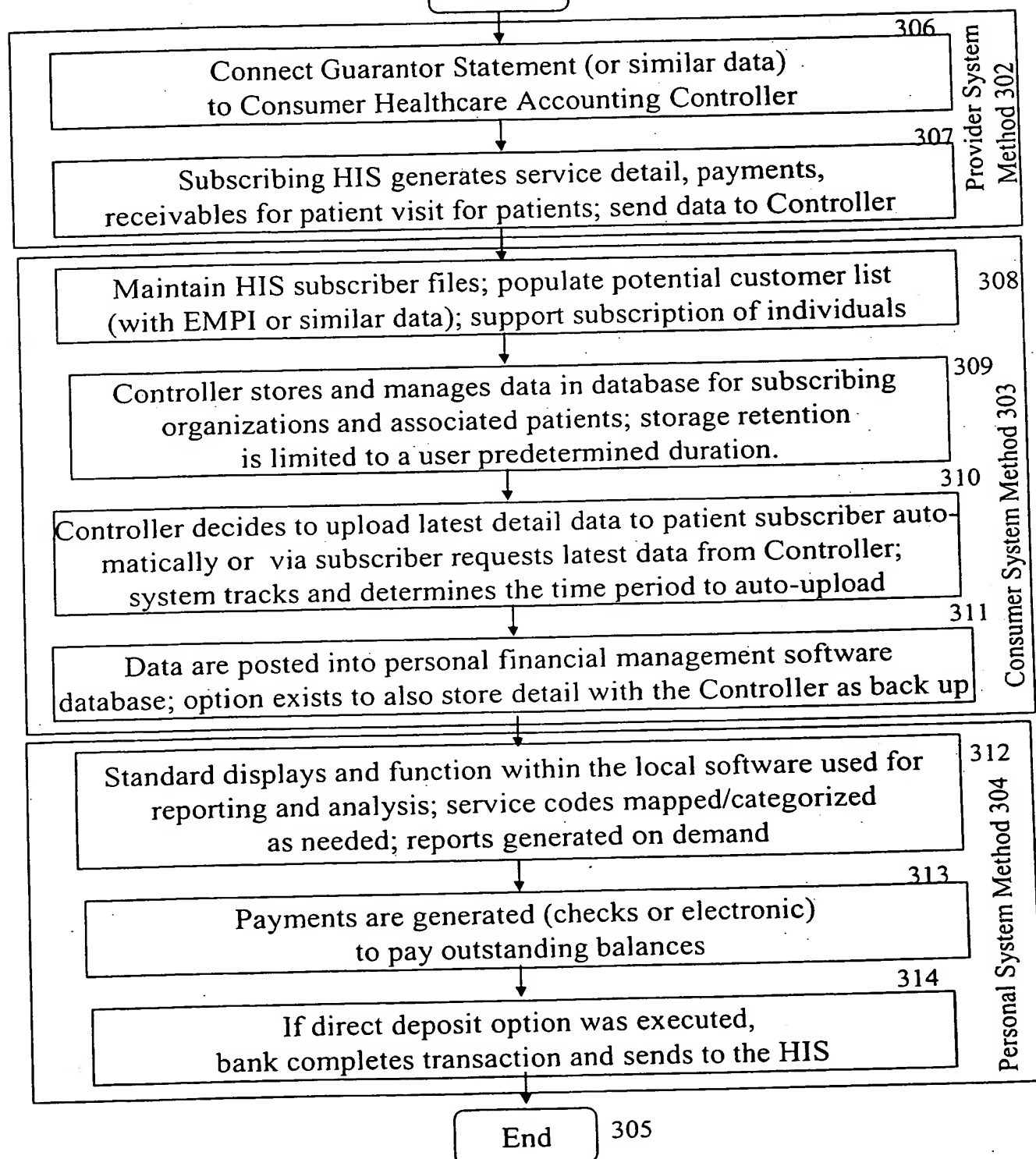
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Personal and Healthcare Data
Financial Management Method

301

FIG. 3



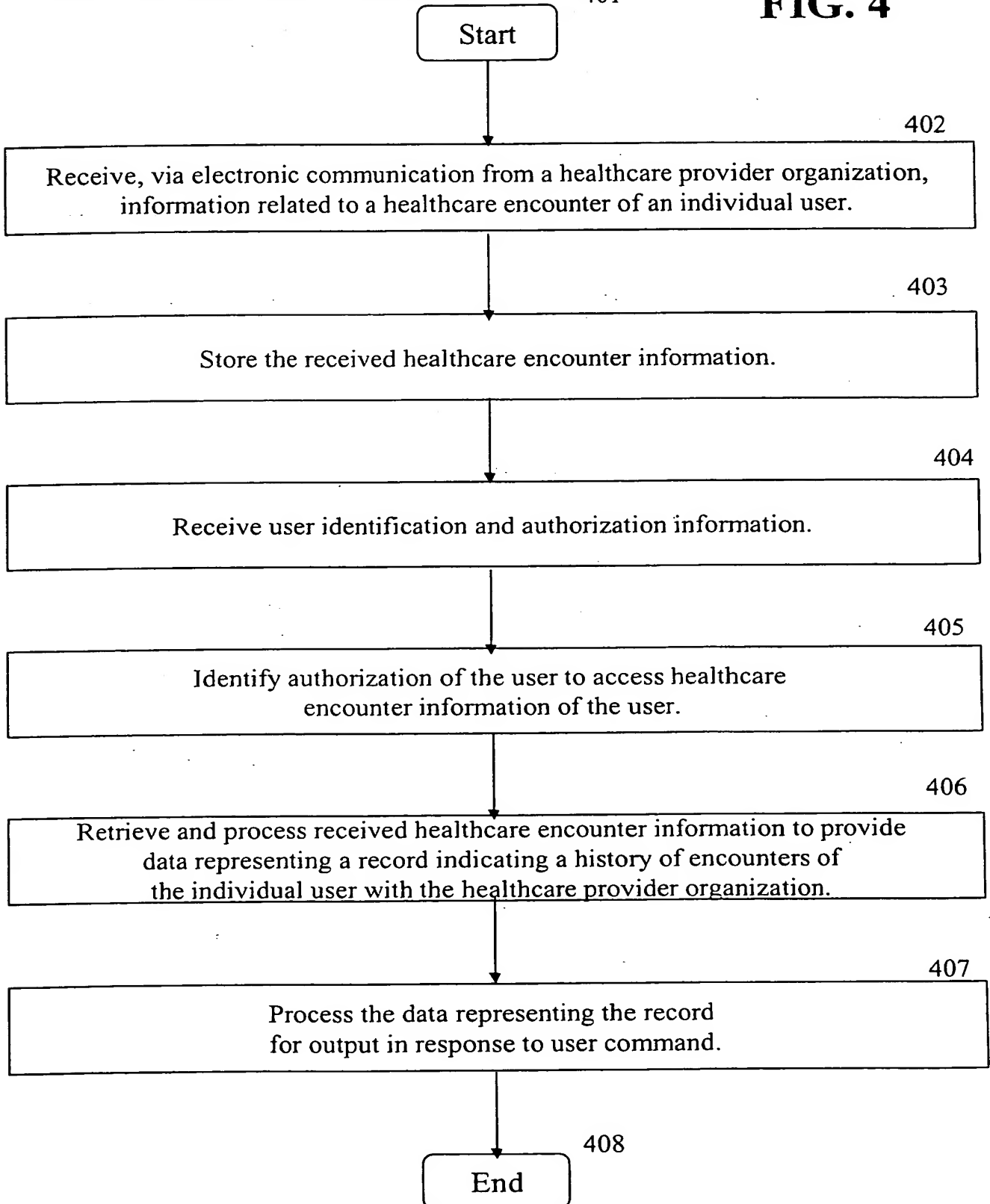
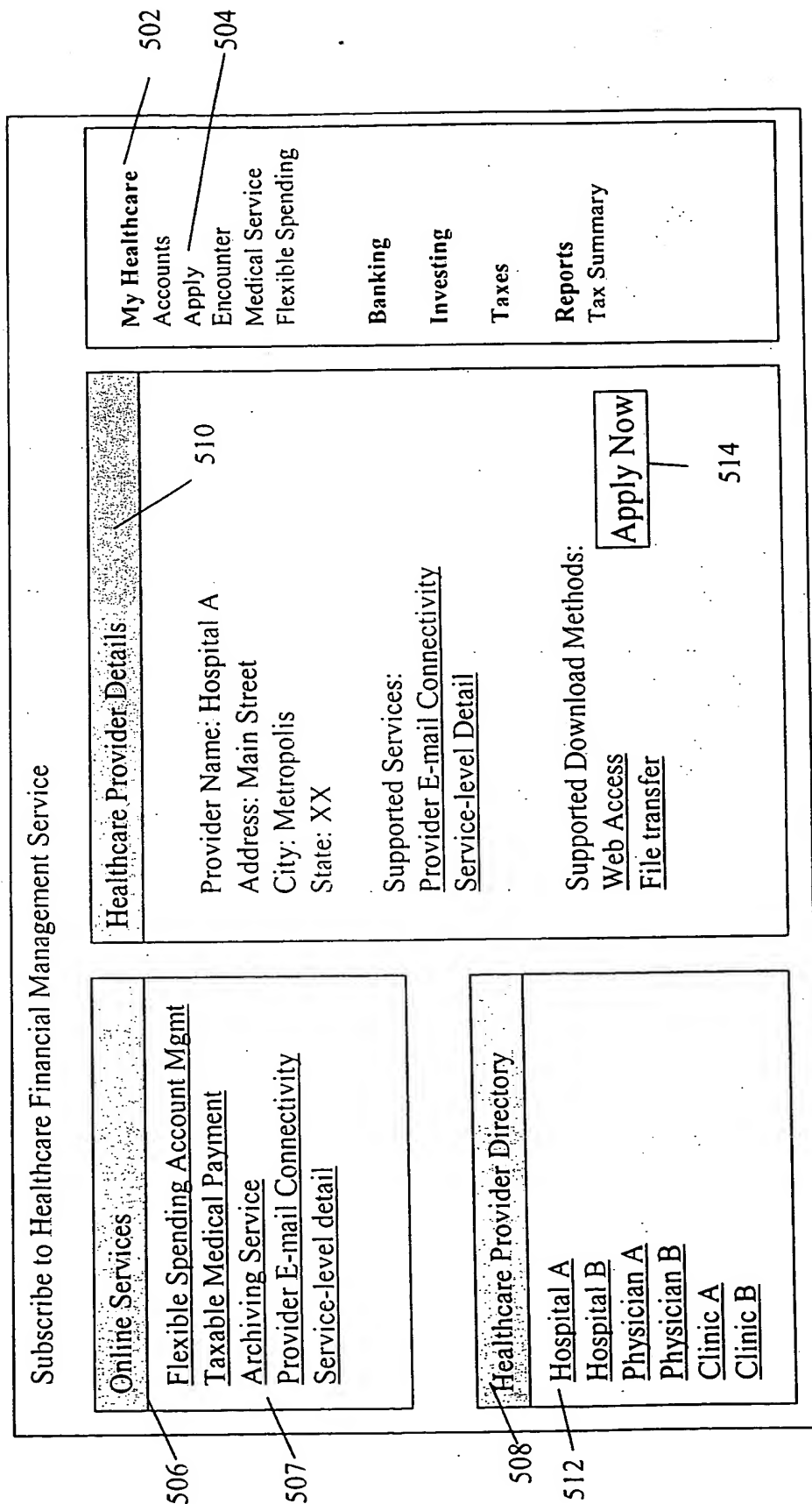


FIG. 5



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Encounter Financial Detail Window

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FIG. 6

Healthcare Financial Management Service								My Healthcare
Encounter Financial Detail								Accounts Apply Encounter Medical Service Flexible Spending
Date	Provider	Visit Type	Insurance Company	Total Bill	Estimated Reimburse	Insurance Payment	Patient Amount	Banking
Patient: Jane								Investing
07/10/03	Hospital A	Outpatient	Payer X	\$ 1,000	\$ 1,000	\$ 900	\$ 100	Taxes
06/28/03	Hospital A	Inpatient	Payer X	\$10,000	\$ 9,000	\$ 4,000	\$ 2,000	Reports
03/12/03	Physician W	Dental	Payer Y	\$ 320	\$ 250	\$ 250	\$ 70	Tax Summary
02/23/03	Clinic B	Vision		\$ 400	\$ 200	\$ 0	\$ 200	
Total				\$11,720	\$10,450	\$10,150	\$ 2,570	
Patient: John								
02/23/03	Clinic D	Routine	Payer X	\$ 600	\$ 200	\$ 0	\$ 400	
Total				\$ 600	\$ 200	\$ 0	\$ 400	

My Healthcare

Accounts

Apply

Encounter

Medical Service

Flexible Spending

Banking

Investing

Taxes

Reports

Tax Summary

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Medical Service Detail Window

FIG. 7

Healthcare Financial Management Service

Service Date	Service Type	Service Code	Service Description	Service Amount
Patient: Jane				
Encounter: 06/28/03 Hospital A				
06/28/03	Emergency Room	10103	Supplies	\$ 50
06/28/03	Emergency Room	24537	Physician	\$ 900
06/28/03	Emergency Room	28438	X-ray	\$ 500
06/28/03	Emergency Room	64531	Medications	\$ 100
Encounter: 03/12/03 Dentist W				
03/12/03	Prophylaxis	38446	Cleaning	\$ 100
03/12/03	Prophylaxis	83636	X-ray	\$ 100

My Healthcare

Accounts

Apply

Encounter

Medical Service

Flexible Spending

Banking

Investing

Taxes

Reports

Tax Summary

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FIG. 8

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Flexible Spending Account Window

Healthcare Financial Management Service

804

Flexible Spending Account Detail Activity				
Service Date	Expense Type	Patient	Eligible Expenses	Amount Reimbursed
11/22/03	Vision Care	Jane	400.00	400.00
07/09/03	Drugs	Jane	250.00	200.00
01/05/03	Dental	John	120.00	120.00

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Flexible Spending Account Summary					
Effective Date	Goal Amount	Current Payments	Year-To-Date Payments	Year-To-Date Contributions	Available Balance
2004	1000.00	0.00	0.00	166.00	1000.00
2003	1000.00	1000.00	1000.00	1000.00	0.00

My Healthcare

Accounts Apply Encounter

Medical Service Flexible Spending

Banking

Investing

Taxes

Reports Tax Summary

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Healthcare Encounter Tax Summary Window

FIG. 9

Healthcare Financial Management Service
904

Healthcare Encounter Tax Summary

Date	Provider	Visit Type	Insurance Company	Total Bill	Insurance Amount	Patient Amount
Patient: Jane						
07/10/03	Hospital A	Outpatient	Payer X	\$ 1,000	\$ 900	\$ 100
06/28/03	Hospital A	Inpatient	Payer X	\$10,000	\$ 8,000	\$ 2,000
03/12/03	Physician W	Dental	Payer Y	\$ 320	\$ 250	\$ 70
02/23/03	Clinic B	Vision		\$ 400	\$ 0	\$ 400
Total				\$11,720	\$10,150	\$ 2,570
Patient: John						
02/23/03	Clinic D	Routine		\$ 600	\$ 200	\$ 400
Total				\$ 600	\$ 200	\$ 400

My Healthcare
 Accounts
 Apply
 Encounter
 Medical Service
 Flexible Spending

Banking
 Investing
 Taxes

Reports
 Healthcare Tax
 Summary

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FIG. 10

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Paper Bill

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**Siemens Health System**

P.O. Box 999
Malvern PA 19335

1004

Attending Physician: Claus Soarian, MD
Principal Diagnosis: 813.35
Provider: Siemen's Hospital
Provider Tax ID: 99-2176963

1006

Pt Name: PATIENTI, MARGARET

Statement Number: 123456789

Account Number: 8947738

Bill Date: 01/01/2001

Birth Date: 01/18/61

1008

Summary for: IP Inpatient Hospital 10/25/00 - 10/30/00

1010

Description	Amount (\$)
CHARGES	
Room Charge - Double (1 day at \$538.00)	538.00
Room Charge - Private (4 days at \$602.00)	1,204.00
Total Room/Bed Charges:	1,742.00
Medical Units	100.00
Operating Room	90.00
Anesthesia	80.00
Central Sterile	70.00
ICU/CCU	60.00
Emergency Room	50.00
Laboratory-Clinic	40.00
Cardiology-EKG	30.00
Total Ancillary Charges:	520.00
PAYMENTS/ADJUSTMENTS	
Total Medicare Payments	200.00
Total Medicare Adjustments	100.00
Balance:	\$1,962.00

1012

THIS IS NOT A BILL. For your reference, the above transactions are itemized. We have billed your insurance company (s) listed below. If your insurance coverage does not pay for these charges, you will be responsible for any remaining balance.

Thank you for choosing LHS for your health care needs. Please call us at (570) 724-1750 or 1(800) 877-2455 if you have any questions.

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SOARIAN HOSPITAL
P.O. BOX 999
MALVERN PA 19335

1016

000000001 1 SP 0.330 01

MARGARET PATIENTI
APT. #5
1935 MOTOR STREET
DALLAS TX 75235

Financial Coverages

Our records indicate the following insurance plans. Please call us as soon as possible with any changes or additions at (570) 222-1750 or 1(800) 222-2455.

Priority	Plan Name	Policy number	Subscriber
1	Medicare	ZZ12345678	Thomas Patienti

Guarantor: Margaret Patienti

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